

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>04/05/04</u>		2 Serial/Patent # <u>10/602,506</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
	Filing			\$						
	Amendment			\$						
	Extension of Time			\$						
	Notice of Appeal/Appeal			\$						
X	Petition		12/16/03	\$ 130						
	Issue			\$						
	Cert of Correction/Terminal Disc.			\$						
	Maintenance			\$						
	Assignment			\$						
	Other			\$						
			7 TOTAL AMOUNT OF REFUND	\$ 130						
			8 TO BE REFUNDED BY: <u>Credit card</u>							
10 REASON:			Treasury Check							
	Overpayment	Credit Deposit A/C #:								
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
X	No Fee Due (Explanation):									
<u>Postcard proves allegedly omitted figs were present on day 1. Refund per fee</u>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>E Shirene Willis</u>			TITLE: <u>Pat Attny</u>							
SIGNATURE: <u>E Shirene Willis</u>			PHONE: <u>308-6712</u>							
OFFICE: <u>Office of Pettrns</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>Alison Kelly</u>			DATE: <u>4-8-04</u>							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**